

Cardiovascular and renal medicine, an expanding territory

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Biological discoveries and technological advancement allowing synchronous, detailed analyses of metabolic systems as well as sophisticated informatics will soon lead to a profound restructuring of medical specialties. New inter-specialty areas are generated in the modern magmatic scenario, areas where the clinical investigator and the basic scientist will effectively join forces to create a novel integrative approach to clinical research.

Nephrology and Cardiology are sister specialties. The several existing international societies focusing on hypertension represent concrete proof of the efforts by internists, nephrologists and cardiologists to build a common approach to a condition which is of core interest to these medical specialties.

Chronic kidney disease (CKD) is now an established public health priority and, mainly because of the high risk for cardiovascular complications secondary to renal function loss, it represents one of the most challenging problems of modern medicine. The bidirectional link that associates renal and cardiovascular diseases and the high risk of the death signaled by their coexistence is at the basis of a new discipline aiming at making the borders between nephrology and cardiovascular medicine even more permeable than before. Cardiovascular and Renal Medicine is a new, shared territory for clinicians and investigators with a prominent interest on the kidney-cardiovascular system interface.

To respond to the growing interest in this clinical research area, the European Renal

Association-European Dialysis and Transplant Association (ERA-EDTA) has recently created an European working group (WG) focusing on Renal and Cardiovascular Medicine (EURECA-m). The scope of EURECA-m is that of promoting collaborations among European centres pursuing research in the overlapping area of cardiovascular and renal medicine. The specific goals of the WG were delineated in a paper (*NDT Plus* 2010; **2**: 522–525) deposited in the WEB site of the same WG (http://www.era-edta.org/eureca-m_publications.htm).

The clinical research questions to be faced are numerous and the WG agreed that at this stage it is fundamental to identify research priorities. For this reason members of the Board of EURECA-m met twice in 2010 to delineate concrete plans for research initiatives and for scoping questions to be shared with EURECA-m members and interested investigators and clinicians. This Supplement of *Kidney International* is the result of the joint effort of the EURECA-m Board. We hope that the doubts and questions listed in these manuscripts may serve as a stimulus for channeling research into priority themes and as a starting point to frankly debate the many intriguing problems posed by this fascinating research area.

DISCLOSURE

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